



### Certificate of Immunization for Electronic Records

Colorado Department of Public Health and Environment—Provider/School Certificate of Immunization for use with customized software  
Colorado Law Requires this Form to be Completed and Provided to the School

Name _____	Date of Birth _____
Parent/Guardian _____	
<b>HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)</b>	
Signed _____	Title _____
(Physician, nurse, or school health authority)	
Date _____	

#### STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.

SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

**MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions. **EXENCIÓN POR RAZONES MÉDICAS:** El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Physician (Médico)

**Medical exemption to the following vaccine(s):**  
**La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):**

<input type="checkbox"/> Hep B	<input type="checkbox"/> DTaP	<input type="checkbox"/> Tdap	<input type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> PCV	<input type="checkbox"/> MMR	<input type="checkbox"/> VAR
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**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

**EXENCIÓN POR MOTIVOS RELIGIOSOS:** El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor  
(Padre, tutor, estudiante emancipado o consentimiento del menor)

**Religious exemption to the following vaccine(s):**  
**Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):**

<input type="checkbox"/> Hep B	<input type="checkbox"/> DTaP	<input type="checkbox"/> Tdap	<input type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> PCV	<input type="checkbox"/> MMR	<input type="checkbox"/> VAR
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**PERSONAL EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

**EXENCIÓN POR CREENCIAS PERSONALES:** Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor  
(Padre, tutor, estudiante emancipado o consentimiento del menor)

**Personal exemption to the following vaccine(s):**  
**Exención por creencias personales de la(s) siguiente(s) vacuna(s):**

<input type="checkbox"/> Hep B	<input type="checkbox"/> DTaP	<input type="checkbox"/> Tdap	<input type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> PCV	<input type="checkbox"/> MMR	<input type="checkbox"/> VAR
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